

<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> </div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> </div>							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10/030881</div>		FILING DATE	
							APPLICANT(S)			
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.		
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